## APPLICATION FOR BOAT SEWAGE DISPOSAL FACILITY CLEAN VESSEL ACT 75% FUNDING

TO: Washington State Parks & Recreation Commission

Clean Vessel Grant Program 1111 Israel Road SW Olympia, WA 98504-2654

Name of Marina, Company, Individual	l. Tribe, or Agency	
Ownership of Marina: Public Private Trib	• •	
Marina Owner/Project Coordinator/Contact Name & Position Title	Telephone	
Mailing Address (P.O. Box if applicable for mailing)		
Mailing Address City/State/Zip +4		
Physical Location (Street Address)		
Physical Location City/State/Zip +4		
Fax Number E-mail Address		
Federal ID UBI Number		
<ul> <li>1.) Scope of work to be accomplished. Check all that apply</li> <li>□ Add Boat Sewage Disposal System to new marina construct</li> <li>□ Add Boat Sewage Disposal System to existing marina</li> <li>□ Add equipment to an existing system</li> <li>□ Placing Floating Restroom</li> <li>□ Request for operation &amp; maintenance funding (subject to an Equipment replacement</li> <li>□ Equipment repair</li> </ul>	ction	
<ul> <li>2.) Equipment to be purchased. Please check appropriate</li> <li>Pumpout and dump station</li> <li>Dump Station only</li> <li>Barge Unit with pumpout, dump station, and/or restroom</li> <li>Portable Pumpout</li> <li>Other (dock space, sewer hook up, holding tanks, etc)</li> <li>Request for operation &amp; maintenance funding only (subject)</li> </ul>	☐ Pumpout Only ☐ Floating Restroom*	
(*Note: Floating restrooms may not be attached to shore of	r to any device that is attached to shore.	

Updated: July 1, 2013

3.) Describe the proposed project; what are the benefits for the public and the environment?
What month(s) and year(s) will project occur:
Note:
In submitting this application for Clean Vessel Funds, we are aware that the grant/contract, if approved, will be paid on a reimbursement basis on acceptance of the project by State Parks. We hereby certify availability of the necessary matching contributions through project expenditures, in-kind services, and/or volunteer contributions. We agree to furnish the initial funding to complete the entire project identified in this application.
We are also aware that this document is a grant application only and does not authorize expenditure of funds. A completely executed contract must be on file with WA State Parks before any expenditure that is incurred.
The construction and/or Operation and Maintenance agreement may be cancelled at any time by State Parks should federal grant funding no longer be available.
We certify that, to the best of our knowledge, the information contained in this application is true and correct.
Signature of Authorized Representative Date
Name and Title
I. General Information
Marina NOAA Chart Coordinates (at center of harbor area):
Latitude: Longitude:
GPS: Latitude: Longitude:
Facility Use: Number of slips Annual Use: Under 26'over 26'
If your facility is not open year round give dates when opening and closing: Open Year round
Opening DateClosing Date
Commercial services available at or near marina:
Gas Repairs Dother Dother Restaurant

If you are just replacing existing equipment, you may contract with a vendor to provide the equipment and installation, or purchase the equipment from a vendor and have someone else who is qualified put the equipment in place.

If you will need additional funding for electrical wiring, plumbing, new floats, repairing existing dock or float, cover for new equipment, or any other item which will be necessary to complete this project, please indicate the amount on the Estimated Cost sheet, page 5.

## **II. Evaluation Questions**

The following information along with your project design will be used by the Boating Environmental Committee to evaluate your application:

1. Nearest pumpouts/dump stations to the	nis facility:
Location Name:	Distance:
Location Name:	Distance:
Estimated moorage within one mile	Estimated launch sites within one mile
2. Will you be participating with any otl agencies) to operate and maintain this fa	her entities (private businesses, non-profit organizations, or governmental cility?
Yes: Name of Organization	No
3. Will this facility be an innovative pro allows more than the usual single user of	ject in some way (i.e. first barge unit in your local area; or a facility which pumpout at one time, etc.)?
Yes: Describe innovation:	
4. Is Project in a county that is listed in a Yes No Unknown	the Boat Sewage Facility Inventory of 2001?  County project occurs in:  statewide network of facilities or provide equipment to use during times of
peak marina use?  Yes	lacksquare No
5. Is facility in an environmentally sensi	
Yes No	
Or, describe the body of water your facil Characteristics, check all that apply:	lity is located on and indicate any of the following Resource Sensitivity
Name of Body of Water	
	Commercial or Recreational Shellfish Beds Inhabiting Area Absence of Pollution Polluted area needing Other

What machinery if any, will be used on this proje	ect:	
How long will it take to complete this project:		
6. An important factor is our ability to place facing There are several ways in which a project might more of your own funds to complete the project projects; or, you might be able to combine the insumoney this way. Projects which have a cost saving the project of the project which have a cost saving the project of the	qualify, for example: as projec which allows the federal fundir stallation of the pumpout equip	t sponsor you are willing to put in ng we administer to be used in more oment with another project and save
Will this project provide a cost savings either to	the state or the project sponsor	
Please explain:		
	III. Permits	
One or more of the following permits may be need the necessary permits. Permits do <u>not</u> have to be prior to beginning the construction portion of the <u>showing submittal date</u> .	in your possession prior to app	olying but must be in your possession
Corps of Engineers Permit	Yes	s 🗖 No
Hydraulic Project Approval	Yes	s 🗖 No
Environmental Review	Yes	No No
<b>Documentation of SEPA Compliance</b>		
Letter of Exemption or Determination from Loca	<u> </u>	copy) s  No
Shoreline Management Act Permits		
	☐ Yes	s 🚨 No
Contact person at local jurisdiction office who is	responsible for SEPA determine	nations:
Name: Ti	tle	
Local Jurisdiction Office:		
Address:	Phone Number	
E-mail		

Please complete the <u>Cost Estimate Worksheet</u> and include the completed worksheet with your grant application when submitting to State Parks Clean Vessel Program. The Cost Estimate Worksheet is a self-calculating Excel worksheet.